

POSITION	ID NO.	DATE
CLASSIFIER	34	6/14/95
EXAMINER	NY	10/21/95
TYPIST	519	8/26
VERIFIER	314	8-30-95
CORPS CORR.		
SPEC. HAND	8P 352	8-24-95
FILE MAINT.	dw	6/29/95
DRAFTING		

## INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓	✓	8/11/95
2	✓	✓	11/5/95
3	✓	✓	=
4	✓	✓	=
5	✓	✓	=
6	✓	✓	=
7	✓	✓	=
8	✓	✓	=
9	✓	✓	=
10	✓	✓	=
11	✓	✓	=
12	✓	✓	=
13	✓	✓	=
14	✓	✓	=
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17	✓	✓	=
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31	✓	✓	=
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34	✓	✓	=
35	✓	✓	=
36	✓	✓	=
37	✓	✓	=
38	✓	✓	=
39	✓	✓	=
40	✓	✓	=
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47	>		
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SYMBOLS

-	Rejected
-	Allowed
(Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
51	
52	
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(LEFT INSIDE)